

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BD*

## CERTIFICATE OF DEATH

Reg. Dist. No. *190*

## 1. PLACE OF DEATH:

County *Howard*City or town *ELKRIDGE*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *14 MONTHS*

Hospital, institution, or street address where death occurred

*6108 Old Washington Rd*

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md* County *Howard*City or town *Elkridge*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *6108 Old Washington Rd*  
(If rural, give LOCATION)2. (a) If veteran, name war *None*

## 3. (a) FULL NAME

*ANNA MARIE BEDFORD*

## 3. (b) Social Security Number

*None*4. Sex *F* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced *WIDOW*B. (b) Name of husband or wife *WILLIAM T. BEDFORD*

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) *JANUARY 14, 1973*8. AGE: Years *73* Months *5* Days *21* If less than one day ..... hrs. .... min.9. Birthplace *BALTIMORE Co.*  
(Town, county, and state)10. Usual occupation *HOUSEWIFE*

## 11. Industry or business

12. Name *HENRY KALINE*13. Birthplace *BALTIMORE Co.*14. Maiden name *MATILDA RAYBAUM*15. Birthplace *BALTIMORE Co.*16. Informant *AMELIA SIMERING*Address *6108 OLD WASHINGTON RD.*17. (Burial, cremation, or removal, Which?) *Church* Date thereof *7/12/46*  
(month) (day) (year)Cemetery or crematory *Grace Church*Location *Elkridge, Md*18. Funeral director *Wm. R. H. H. H.*Address *1219 7th St. N.E.*19. *7/10* *46* *A.W. Hedrick*  
(Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH *July 9* 19 *46* at *6* *45* *A* *M*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 9* 19 *46*  
and that I last saw him alive on *July 8* 19 *46*

Immediate cause of death

*Chronic Myocarditis*

## DURATION

*5 yr*Due to *Chronic polyarthritis**5 yr.*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *W. S. Farson M.D.*

M. D. or other

Address *Haltom 27* Date signed *7/8/46*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1862)

## CERTIFICATE OF DEATH

07076

Reg. Dist. No. 189

## 1. PLACE OF DEATH:

County... Howard

City or town... Lisbon  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Howard

City or town... Silver Springs  
(If outside city or town limits, write RURAL and give nearest town)Street No... 9316 Waverly Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3.(a) FULL NAME

Richard Singleton Cornwell

## 3.(b) Social Security Number

4. Sex

Male

5. Color or race

Caucas

6.(a) Single, married, widowed, or divorced

Widowed

8.(b) Name of husband or wife... Alice V. Cornwell

7. Birth date of

deceased (mo., day, yr.)

Oct 13, 1865

6.(c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

80

hrs.

min.

9. Birthplace

Va

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Richard Cornwell

13. Birthplace

Va

14. Maiden name

Cordelia Ann Cornwell

15. Birthplace

Va

16. Informant

Sadie Gregg

Address

Lisbon Md

17.

(Burial, cremation, or removal Which?)

Date thereof

July 31, 1946

Cemetery or crematory

St. Lincoln

Location

Bladensburg, Ind.

18. Funeral director

Deal Funeral Home

Address

4812 So. Ave NW DC

19.

(Date rec'd by registrar)

19 46

E. Paul Munier

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... July 28, 1946, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27, 1946, to July 28, 1946.

and that I last saw him alive on July 21, 1946.

Immediate cause of death

Advanced Arthritis  
unremitting fracture  
of hip -  
Muscular Debility

DURATION

20 yrs

ap 28

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date of 4/28/46

Where did injury occur? Silver Springs, Montg. Co. Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Son's Home

Means of injury Fall Injured at work? no

23. SIGNATURE

M. Van Pelt

Address... Mt Airy Md Date signed... 7/28/46

RECEIVED

JUL 30 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

07077

Reg. Dist. No. 191

1. PLACE OF DEATH: Howard  
County.....  
City or town..... Ellicott City Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Md County..... Howard  
City or town..... Ellicott City  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... Columbia Pike  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary E Deponai

3. (b) Social Security Number

4. Sex J 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed  
8. (b) Name of husband or wife John M  
6. (c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) July 8 1975  
8. AGE: Years 71 Months 6 Days 6 If less than one day..... hrs. .... min.  
9. Birthplace..... Frank DC  
(Town, county, and state)  
10. Usual occupation..... None

11. Industry or business

FATHER 12. Name..... John J. McCarthy  
13. Birthplace..... Ireland  
MOTHER 14. Maiden name..... Margaret Oulahan  
15. Birthplace..... Ireland  
16. Informant..... John M Deponai  
Address..... Ellicott City Md  
Baral  
17. (Burial, cremation, or removal. Which?) Date thereat..... 7-17-76  
(month) (day) (year)  
Cemetery or crematory..... Cathedral  
Location..... Adams Md  
18. Funeral director..... Greg & Li Staley  
Address..... Tuxton & Fayette St  
19. July 18..... 19 76  
(Date rec'd by registrar) (month) (day) (year) John B. Lushman  
Registrar Ch B. C. L.

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 14..... 1976, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 13..... 1976, to July 14..... 1976  
and that I last saw him alive on July 14..... 1976

Immediate cause of death.....

Cerebral Hemorrhage

DURATION

Due to..... Essential Hypertension

19.3.6

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of .....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

23. SIGNATURE.....

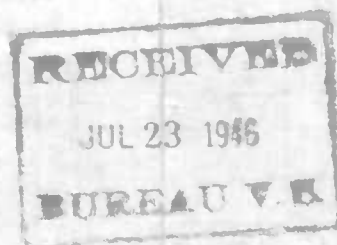
Robert B Taylor MD

M. D. or other

Address.....

Ellicott City Md

Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 07078

### 1. PLACE OF DEATH:

County HOWARD  
 City or town ORANGE GROVE  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County  
 City or town BALTIMORE  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1704 M<sup>C</sup> CULLOUGH ST  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

### 3. (a) FULL NAME

Charles Gordon Dickens

### 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M. C. SINGLE

B. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1931

8. AGE: Years Months Days If less than one day  
14 11 25 hrs. min.

9. Birthplace BALTIMORE Md.  
 (Town, county, and state)

10. Usual occupation STUDENT

11. Industry or business

FATHER 12. Name FATE DICKENS

13. Birthplace N.C.

MOTHER 14. Maiden name Addie Spain

15. Birthplace N.C.

16. Informant MARIAN WYATT

Address 1704 McCULLOUGH ST, BALTO, Md

17. Burial Date thereof 8/7/46  
 (Burial, cremation, or removal, Where?) (month) (day) (year)

Cemetery or crematory Mt Auburn

Location Md

18. Funeral director Mrs. D. Nelson

Address 1303 Presetman St.

19. 7-31 19 46 Awednegh  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29 19 46 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/29 19 46 to 7/29 19 46  
 and that I last saw him alive on no date 19

Immediate cause of death Drowning DURATION instant

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/29/46

Where did injury occur? Orange Grove Howard Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Potapsc River

Means of injury drowning Injured at work? no

23. SIGNATURE George E. Bunting M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Ellicott City, Md. Date signed 7/29/46



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 07079 191

### 1. PLACE OF DEATH:

County HOWARD  
City or town ELLCOTT CITY  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? SINCE MAY 14<sup>th</sup> 1946  
Hospital, institution, or street address where death occurred:  
PINEL CLINIC - ELLCOTT CITY  
How long in hospital or institution? SINCE MAY 14<sup>th</sup> 1946

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MARYLAND County         
City or town BALTIMORE 14  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 5916 BURGESS AVE  
(If rural, give LOCATION)  
2(a) If veteran, name war        ✓

### 3. (a) FULL NAME

ALFRED EUGENE EVANS

### 3. (b) Social Security Number

215-01-2283

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife CATHERINE MILLER

6. (c) If alive, give age        years

7. Birth date of deceased (mo., day, yr.) FEBRUARY 4<sup>th</sup> 1872

8. AGE: Years 74 Months 5 Days 23 If less than one day        hrs.        min.

9. Birthplace BALTIMORE CITY  
(Town, county, and state)

10. Usual occupation SALESMAN

11. Industry or business DEPARTMENT STORE

12. Name GEORGE T. EVANS

13. Birthplace BALTIMORE CITY

14. Maiden name ANNIE MADIGAN

15. Birthplace Baltimore, Md. ?

16. Informant ARTHUR W. ALBAUGH

Address 5100 ST. ALBANS WAY BALTO 12

17. (Burial, cremation, or removal, which) Funeral Date thereof July 30 1946  
(month) (day) (year)

Cemetery or crematory London Park

Location Baltimore Md

18. Funeral director William Cook Jr

Address 1217 S. Tont St

19. 2/29 19 46 A.W. Neidert  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 27<sup>th</sup> 19 46 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAY 14<sup>th</sup> 19 46 to JULY 27<sup>th</sup> 19 46

and that I last saw him alive on JULY 27<sup>th</sup> 19 46

Immediate cause of death MYOCARDIAL INFARCT DURATION 5 HOURS

Due to       

Due to       

Other conditions       

(Include pregnancy within 3 months of death)

Major findings of operations       

Date of op.       

Autopsy results       

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide        Date of       

Where did injury occur?        (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)       

Means of injury        Injured at work?       

23. SIGNATURE Helmut Prager M.D. M. D. or other       

Address Ellicott City Md Date signed 7/27/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9420

## CERTIFICATE OF DEATH

Reg. Diat. No. 07080 191

## 1. PLACE OF DEATH:

County HOWARDCity or town ELLICOTT CITY  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? SINCE JUNE 8<sup>th</sup> 1946

Hospital, institution, or street address where death occurred:

PINEL CLINICHow long in hospital or institution? SINCE JUNE 8<sup>th</sup> 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County aaCity or town CROWNSVILLE  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

RUDOLPH LINCOLN LANG

## 3. (b) Social Security Number

## 4. Sex

MALE

## 5. Color or race

WHITE

## 6. (a) Single, married, widowed, or divorced

SINGLE

## 6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

APRIL 16<sup>th</sup> 1865

## 8. AGE:

Years

Months

Days

If less than one day

81217

\_\_\_\_\_ hrs.

\_\_\_\_\_ min.

## 9. Birthplace

BALTIMORE CITY

(Town, county, and state)

## 10. Usual occupation

FARMER

## 11. Industry or business

## FATHER

## 12. Name

GEORGE ADAM LANG

## 13. Birthplace

## MOTHER

## 14. Maiden name

MARGARET WACHTER

## 15. Birthplace

## 16. Informant

DR. MILTON C. LANG

## Address

306 TUMBRIDGE RD. BALTO.

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

July 3/46  
(month) (day) (year)

## Cemetery or crematory

London Park

## Location

## 18. Funeral director

Ullrich Funeral Home

## Address

2008 Orleans St

## 19.

(Date filed by registrar)

7/546A. W. Hedrick

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 3<sup>rd</sup> 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

JUNE 8<sup>th</sup> 1946 to JULY 3<sup>rd</sup> 1946and that I last saw h.w.m. alive on JULY 3<sup>rd</sup> 1946

Immediate cause of death

PUMONARY EDEMA

DURATION

5 HOURSDue to MYOCARDIAL INFARCT

Due to \_\_\_\_\_

Other conditions SENILE PSYCHOSISCONFUSED TYPE

(Include pregnancy within 3 months of death)

6 MONTHS

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

Helmut Prager, M.D.

M. D. or other

Address Ellicott City, Md Date signed 7/3/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (472)

## CERTIFICATE OF DEATH

07081

Reg. Dist. No. 194

## 1. PLACE OF DEATH:

County Howard  
 City or town West Friendship, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 weeks  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State \_\_\_\_\_ County \_\_\_\_\_  
 City or town Washington, D.C.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1311 Quincy St. N.W.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William Francis Ludwig

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Shak U. Ludwig  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 9, 1873  
 8. AGE: Years 73 Months 5 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Md.  
 (Town, county, and state)  
 10. Usual occupation Plumber  
 11. Industry or business \_\_\_\_\_  
 12. Name Paul Franklin Ludwig  
 13. Birthplace Germany  
 14. Maiden name Bertha A. Wendt  
 15. Birthplace Germany

16. Informant W. B. Ludwig  
 Address Washington, D.C.  
 17. Burial Date thereof 8-1-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Fairview Cemetery  
 Location Washington, D.C.  
 18. Funeral director S. H. Hines Co.

Address 2901-14th St. NW Wash. DC  
July 29 1946 Marie A. Whitaker  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29 1946 at 5 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/29 1946 to 7/29 1946  
 and that I last saw him alive on no date 1946

Immediate cause of death Primary Cancer of Lung DURATION 6 months

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions none

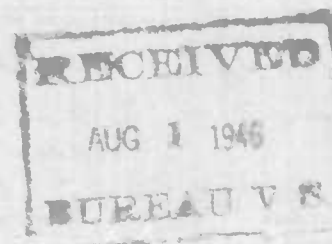
(Include pregnancy within 8 months of death)

Major findings of operations none Date of op. \_\_\_\_\_

Autopsy results none  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE George E. Broughton, M.D.  
 DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY, M.D. or other  
 Address Elkridge City, Md. Date signed 7/29/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

## CERTIFICATE OF DEATH

07082

Reg. Dist. No. 190

## 1. PLACE OF DEATH:

County HowardCity or town Elkridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 51 yearsHospital, institution, or street address where death occurred:  
5327 Main St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County HowardCity or town Elkridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 5327 Main St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Nellie Estelle O' Malley4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife John F. O' Malley

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) June 27, 18728. AGE: Years 74 Months 15 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Odenton, Anne Arundel, Maryland  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name George M. Murray13. Birthplace Odenton, Md.14. Maiden name Emily R. Lowman15. Birthplace Odenton, Md.16. Informant Mrs. J. C. MurrayAddress Elk Ridge, Md.17. Burial, cremation, or removal, Which? Burial Date thereof July 15, 1946  
(month) (day) (year)Cemetery or crematory St. Augustine CemeteryLocation Elkridge, Md.18. Funeral director S. Lister Corp.Address 5803 Main St. Elkridge Md.19. (Date rec'd by registrar) July 13, 1946 (Miss E. Bird Williams Registrar)

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 12<sup>th</sup> 1946 at 2:50 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4<sup>th</sup> 1946 to July 12<sup>th</sup> 1946and that I last saw her alive on July 12<sup>th</sup> 1946Immediate cause of death Carcinoma of Stomach DURATION 1 yr.abdominal Carcinomatous 6 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Carcinoma of Breast - 7 yrs. ago

(Include pregnancy within 3 months of death)

Major findings of operations abdominal Date of op. May '46CarcinomatousAutopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Mark Shipley, M.D. M. D. or other \_\_\_\_\_Address Savage Md. Date signed 7/13/46

RECEIVED  
JUL 15 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

## CERTIFICATE OF DEATH

Reg. Dist. No. 193

## 1. PLACE OF DEATH:

County HowardCity or town Woodbine  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Woodbine  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Marshall Smith

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife Bessie Smith7. Birth date of deceased (mo., day, yr.) JAN. 22, 18806. (c) If alive, give age 63 years8. AGE: Years 66 Months 5 Days 10 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick Co. Md  
(Town, county, and state)10. Usual occupation Farm Laborer

11. Industry or business

12. Name Bradley Smith13. Birthplace MARYLAND14. Maiden name MARY HAUCK15. Birthplace MARYLAND16. Informant Mrs. Bessie SmithAddress Woodbine, Md.17. BURIAL Date thereof 7-5-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Maryann ChapelLocation DAY, CARROLL Co. Md.18. Funeral director C. M. WallsAddress Winfield, Ind.19. 7/4/46 19 46 E. Paul  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 19 46 at 10:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/2 19 46 to 7/2 19 46and that I last saw him alive on no date 19 46Immediate cause of death fracture of 6th cervical vertebra DURATION instant

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerotic CardioVascular Disease 9 mo

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/2/46Where did injury occur? Woodbine Howard Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury fall from porch Injured at work? no23. SIGNATURE George E. Bingham MD.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M.D. or other

Address Ellicott City, Md Date signed 7/3/46

RECEIVED  
JUL 6 1946  
BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 730

## CERTIFICATE OF DEATH

Reg. Dist. No. 17084 191

## 1. PLACE OF DEATH:

County HowardCity or town Ellicott City  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

Moneman Lane

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City  
(If outside city or town limits, write RURAL and give nearest town)Street No. Moneman Lane  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Annie Thomas

## 3. (b) Social Security Number

## 4. Sex

F.

## 5. Color or race

Caucas

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Carol Thomas

## 7. Birth date of deceased (mo., day, yr.)

7899

## 8. (c) If alive, give age — years

## 8. AGE:

47

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

Sevier, Prince Georges, Md.  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

NoneFATHER  
MOTHER

## 12. Name

Jacob Wilson

## 13. Birthplace

Bowie, Maryland

## 14. Maiden name

Maria Joske

## 15. Birthplace

?

## 16. Informant

Cassie May Matthews

## Address

Ellicott City, Md.

## 17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

8-1 1946  
(month) (day) (year)

## Cemetery or crematory

Bascom Chapel

## Location

Carol Md.

## 18. Funeral director

70. Higginbotham

## Address

Ellicott City Md.

## 19.

July 29, 1946  
(Date rec'd by registrar)

1946

John B. Loughran  
Reg. B. E. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 28 July 1946, at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; I had attended deceased from

17 July 1946, to 28 July 1946  
and that I last saw him alive on 28 July 1946

Immediate cause of death

Cardiac decompensation

DURATION

1 day

Due to

Cardiac decompensation5 days

Due to

Myocardial infarction?

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William F. Lassaray M.D.

M. D. or other

Address

Ellicott City, Md.Date signed 28 July 1946

REC  
AUG 1 1946  
BUREAU



RECEIVED

JUL 29 1946

BUREAU V.E.